CLAIM OF BENEFICIAL USE for Reservoirs storing less than 9.2 acre-feet permitted under ORS 537.409



Oregon Water Resources Department 725 Summer Street NE, Suite A Salem, Oregon 97301-1266 (503) 986-0900

www.oregon.gov/OWRD

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JUN 2 1 2021

A fee of \$200 must accompany this form.

The Claim will be returned if the fee is not included.

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This form may be completed by the permit holder of record if:

- 1) The permit was issued under the authority of ORS 537.409; and
- 2) No secondary permit exists for the use of water stored in the reservoir; and
- 3) The developed capacity of the reservoir is less than 9.2 acre-feet; and
- 4) The water was stored by the date required in the permit; and

A separate form shall be completed for each permit.

This form must be submitted to the Water Resources Department within one year of storage of water in the reservoir.

Please type or print in dark ink. If the data provided is found to contain errors or omissions, it may be returned. The Department may require the submittal of additional information.

If you have questions regarding the completion of this form, please call 503-986-0900 and ask for the Certificate Section.

SECTION 1 GENERAL INFORMATION

File Information:

APPLICATION #	PERMIT#
R-87446	R-15104

Applicant Information:

APPLICANT NAME		PHONE NO	
Eagle Fern Camp		(503) 630	0-4978
Address			
37700 SE Camp Rd.			6
Сіту	STATE	ZIP	E-MAIL
Estacada	OR	97023	jimb@eagleferncamp.com

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RESERVOIR INFORMATION

SECTION 2

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Reservoir Dimensions and Capacity:

Average Length	Average Width	AVERAGE	MAXIMUM CAPACITY IN ACRE-FEET
215′	93'	4.9'	2.2

To determine capacity in acre-feet use for the above table, use the following calculation:

Acre-feet = (Average Length)(Average Width)(Average Depth)
43,560

SECTION 3

MAP

Attach a map identifying the reservoir location. If the water right application map accurately reflects the location of the reservoir, you may attach a copy of it. Otherwise, you must submit a map meeting the standards of OAR 690-310-0050, which are attached.

Preparation of the map by a Certified Water Rights Examiner is **not** required for this type of permit, but may be submitted.

SECTION 4

SIGNATURE

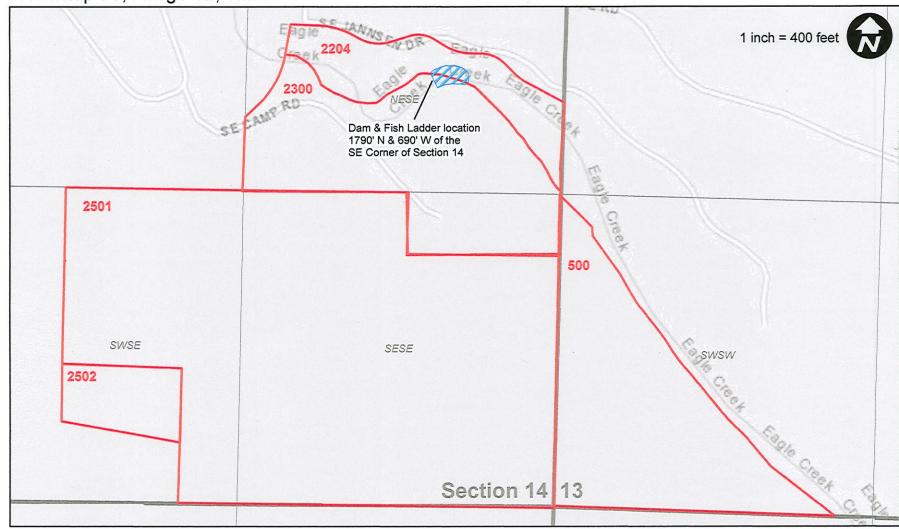
This Claim of Beneficial Use must be signed by each permit holder of record.

By my signature, I certify that the information contained herein is true and correct to the best of my knowledge.

SIGNATURE	PRINT OR TYPE NAME	TITLE	DATE
Daniel Jan	Daniel Jossi	President	41/21

Claim of Beneficial Use

Application R-87446, Permit R-15104 Township 3S, Range 4E, W.M.



This map is not intended to provide legal dimensions or locations of property ownership lines.

Legend



JUN 2 1 2021

OWRD



Business Registry Business Name Search

New Search

Business Entity Data

06-07-2021 08:04

Registry Nbr	Entity Type	<u>Entity</u> <u>Status</u>	Jurisdiction	Registry Date	Next Renewal Date	Renewal Due?					
089265-11	DNP	ACT	OREGON	04-06-1970	04-06-2022						
Entity Name	EAGLE FE	EAGLE FERN CAMP									
Foreign Name											
Non Profit Type	RELIGIOU	S				DECEIVED					

JUN 2 1 2021

New Search

Associated Names

TION DOG			1 155001atoa 1 taii.	OMDE
Туре	PPB PRINCIP BUSINES	AL PLACE OF SS		OWRD
Addr 1	37700 SE CAM	IP ROAD		
Addr 2				
CSZ	ESTACADA	OR 97023	Country	UNITED STATES OF AMERICA

Please click here for general information about registered agents and service of process.

Туре	AGT REGISTERED AGENT				Start Date	03-05-2019	Resign Date	
Name	SANDRA		STON	Е				
Addr 1	150 SE 80TH AV	Έ						
Addr 2								
CSZ	PORTLAND OR 97215				Country	UNITED STATE	S OF AMERICA	

	MAL MAILING	ADDI	RESS				
	37700 SE CAM	P RD					
Addr 2							
CSZ	ESTACADA	OR	97023	Country	UNITED STAT	ES OF AMERIC	CA

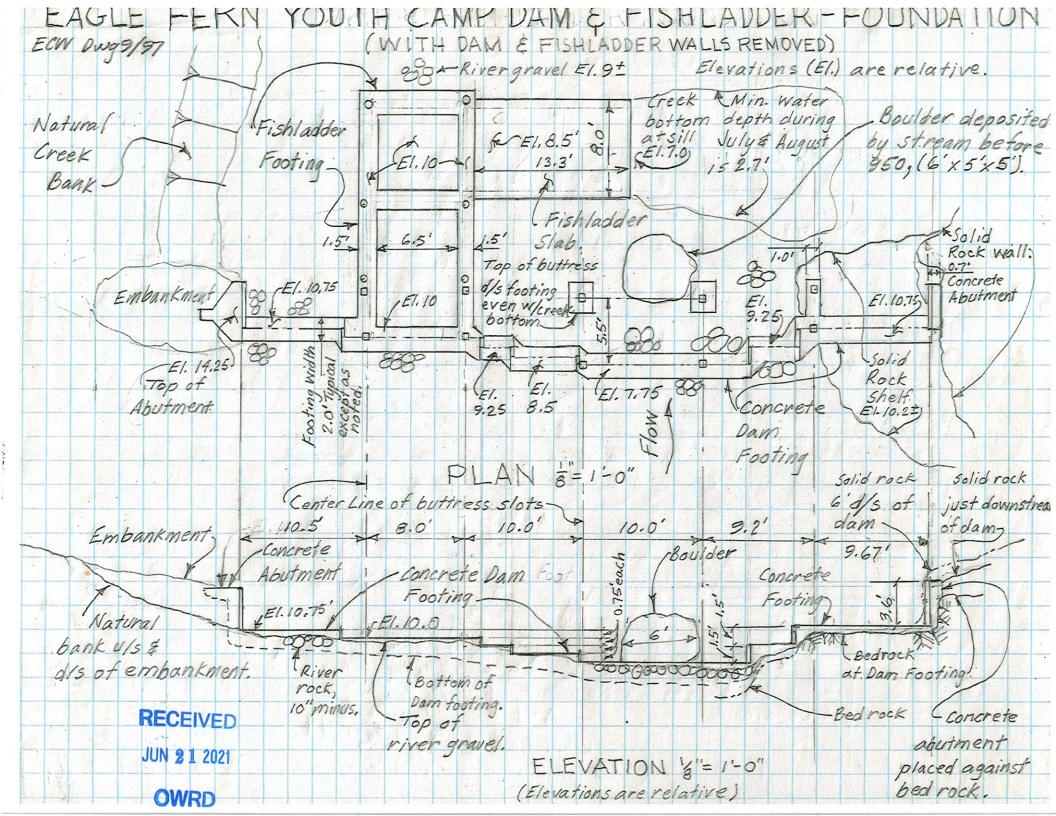
Туре	PRE PRESIDENT			Resign Date				
Name	DAN		JOSS					
Addr 1	23830 SE EAGAI	LE CI	REEK RD					
Addr 2								
CSZ	EAGLE CREEK	OR	97022	Country	UNITED STATES OF AMERICA			

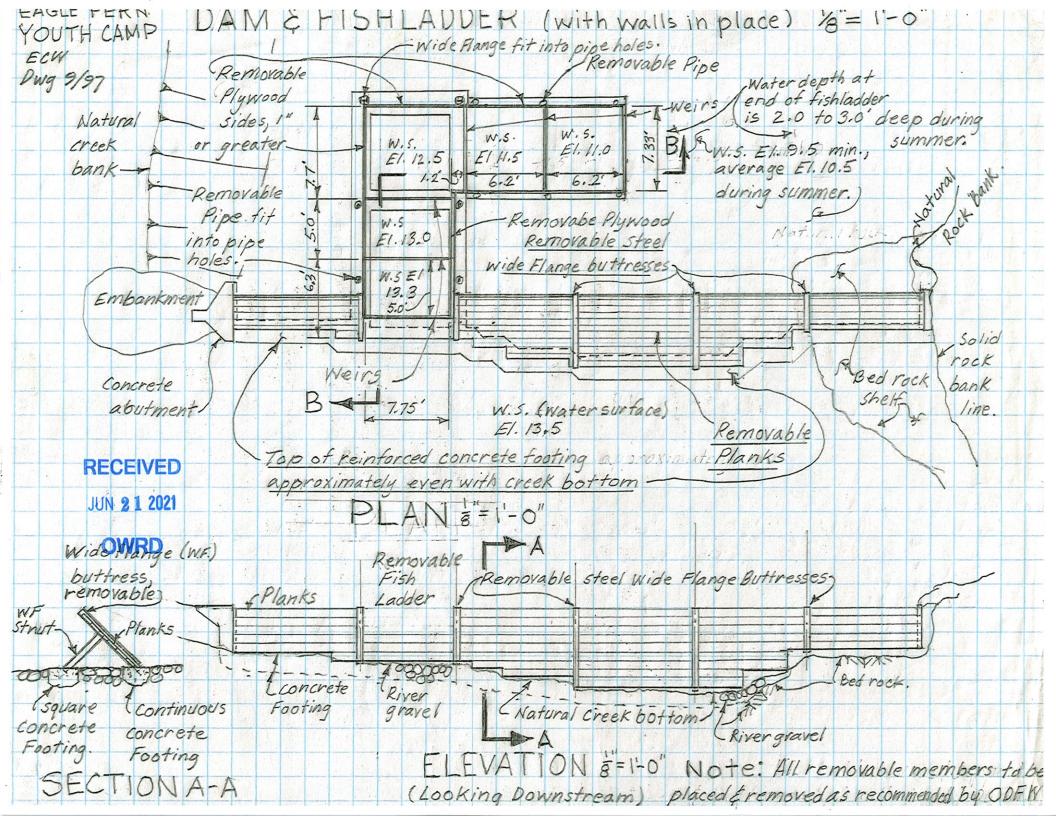
Туре	SEC SECRETARY					Resign Date	
Name	AMBER		SMA	RT			
Addr 1	911 SW 8TH ST	Γ					
Addr 2							
CSZ	GRESHAM OR 97080				Country	UNITED STATES OF AMERICA	

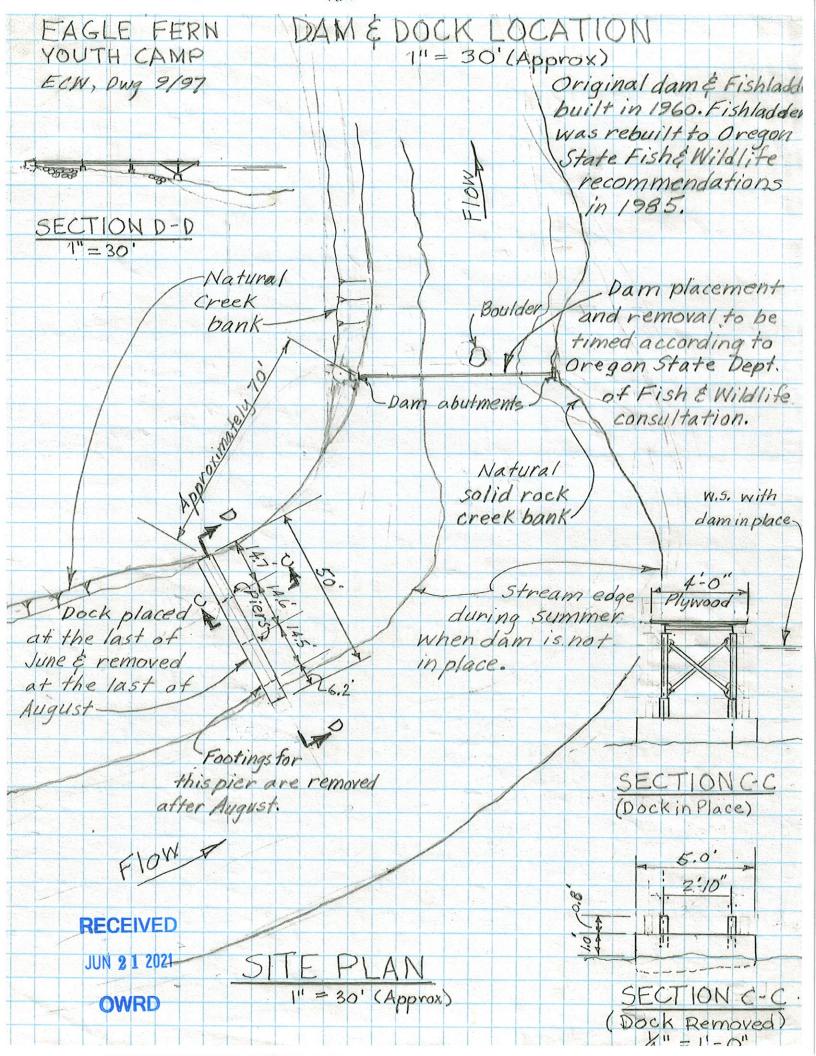
New Search

Name History

Business Entity Name		Name Status	Start Date	End Date
EAGLE FERN CAMP	EN	CUR	04-09-1992	
EAGLE FERN YOUTH CAMP	EN	PRE	04-06-1970	04-09-1992









Water Resources Department

725 Summer St NE, Suite A Salem, OR 97301 (503) 986-0900 Fax (503) 986-0904

June 24, 2021

KCK Partners LLC 11483 SE Amity Dayton Highway Dayton OR 97114

On June 21, 2021, the Water Resources Department received the Claim of Beneficial Use (COBU) for the following Transfer(s):

T-12601

The COBU included a report and map. The Department hopes to review your submittal within approximately 2 - 4 years. At that time we will review these items and provide a final certificate, proposed certificate, or a request for additional information.

If you are interested in having your COBU reviewed sooner, you may pay to have your file processed immediately, using the Reimbursement Authority program, which is described at:

https://www.oregon.gov/OWRD/programs/WaterRights/RA/Pages/Certificate.aspx

For all other questions please call our Customer Service phone: (503) 986-0900.

If you sell the property, please contact the Department, or have the new owners contact the Department about the need to file an assignment.

cc: file T-12601

Doann Hamilton, CWRE

Checklist for Claims of Beneficial Use Received at CSG Counter

A 1: 4:	ш.	WDD D			
Application	#:	WRD Review	er:		
Transfer #:	1				
Date Recei					
CWRE Nan					
Priority Dat	e (s):				
Fees Required	l:				
□ YES NO □	A fee of \$200 must accompany the 1987, or later.	is form for <u>permits</u>	with priority dates of .	July 9,	
□ YES NO □	A fee of \$200 must accompany the with a priority date of July 9, 198 Example – A transfer involves has a priority date of July 9, 19	7, or later. 5 rights and one of	f the rights	Fill in App or Transfer Number	
Map Review:					
	film (OAR 690-014-0170(1) & 310-0050(1) rmit #; or transfer # (OAR 690-014-0100(1)		MONEY SLIP DATE: RECEIPT #:		
☐ Disclaimer (OAR☐ North arrow (OA☐ CWRE stamp and☐ Appropriate scale of the cou		ize scale 0-0050(4))	RECEIVED FROM: APPLICAT CASH CHECK# OTHER (DENTIFY) TOTAL RE 1903 TREASURY 4178 MISC CASH ACCT. 4178 MISC CASH ACCT. 0477 COPIES 071 FREE 0243 Instrum Lesse 0244 Muni Vetter Mgmt Plan 02 1903 TREASURY 477 WIRD OPERATING ACCT. 4070 COPY 5 TAPE FEES 410 RESEARCH FEES 0410 RE	R	
Report Review	w:		WATER RIGHTS		
☐ Application & pe	ed (OAR 690-014)		WELL CONSTRUCTION 218 WELL DRILL CONSTRUCTION 219 WELL DRILL CONSTRUCTION 220 CONTROL CONSTRUCTION DOWN WELL CONSTRUCTION	¹ 1 2∞.∞	
☐ CWRE stamp and	d signature (OAR 690-014-0100) permittee of transfer holder (OAR 690-014	4-0100)	☐ RETURN TO APPLICANT LETTER ATTAC	CHED	
	quired (Priority Date prior to December 20, ed (Priority Date on or after December 20, tted		pump test flyer w/acknowl	ledgment letter	